



**NOTICE OF INTENT (NOI) LETTER
FOR ING340000 PETROLEUM
PRODUCTS TERMINALS
GENERAL NPDES PERMIT**

State Form 55919 (10-15)

Approved by State Board of Accounts, 2015

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Mail this form and required attachments to:

**INDIANA DEPARTMENT OF ENVIRONMENTAL
MANAGEMENT**

Office of Water Quality, NPDES General Permits
100 North Senate Avenue, IGCN Room 1255
Indianapolis, IN 46204-2251

INSTRUCTIONS

- ☐ ***This form must be used to apply for coverage under the General NPDES Permit for wastewater from petroleum products terminals pursuant to NPDES Permit No. ING340000.***
- ☐ ***Please type or print in ink. Do not use white-out to correct errors. Strike-through and initial any corrections.***
- ☐ ***Further item-specific instructions are provided in Appendix A at the end of this form.***

For questions regarding this form, the required attachments, and permit requirements, contact IDEM General NPDES Permits at (317) 232-8703 or (800) 451-6027, ext 28703 (within Indiana).

ELIGIBILITY REQUIREMENTS

"Petroleum products terminals" refers to an area where petroleum products are supplied by pipeline or barge and where petroleum products are stored in above-ground tanks, or are transferred to trucks for transport to other locations, or both. This general permit authorizes new and existing discharges described as follows from petroleum products terminals to surface waters of the State of Indiana:

- a) discharges of hydrostatic test waters from storage tanks and onsite pipelines which have been used for the storage and/or transfer or conveyance of crude oil or liquid petroleum hydrocarbons;
- b) discharges of stormwater runoff specifically from the diked containment areas of these storage tanks; and
- c) discharges of tank bottom water from these storage tanks. However, this permit does not authorize the discharge of any accumulated solids or sludges from the tank bottoms. The permittee is required to properly remove and dispose of such solids in accordance with 327 IAC 5-5-2.

Also approved for coverage are the following stormwater discharges exposed to industrial activity: "discharges from firefighting activities; fire hydrant flushings; potable water sources, including waterline flushings; uncontaminated ground water or spring water; uncontaminated air conditioning or compressor condensate; vehicle washwaters uncontaminated with detergents or solvents; and foundation or footing drains where flows are not contaminated with process materials such as solvents".

Discharges **NOT** authorized by this permit include the following:

- a) discharges to a receiving stream when the discharge results in an increase in the ambient concentration of a pollutant which contributes to the impairment of the receiving stream for that pollutant as identified on the current 303(d) list of impaired waters;
- b) discharges containing water treatment additives (WTAs) which have not received prior written approval from IDEM for the specific additive, use, and dosage at the particular facility for which the Notice of Intent (NOI) is submitted;
- c) storm water discharges associated with construction activity; and
- d) direct discharges consisting of more than storm water into waters that are designated as an Outstanding National Resource Water (ONRW) defined at IC 13-11-2-149.5 or an Outstanding State Resource Water (OSRW) defined at IC 13-11-2-149.6 and listed at 327 IAC 2-1.3-3(d).

Note that a direct discharge to an ONRW or OSRW that consists only of storm water associated with construction activity, storm water associated with industrial activity, or storm water from a municipal separate storm sewer system may still be permitted under a general permit when the Commissioner determines the discharge will not significantly lower the water quality as defined under 327 IAC 2-1.3-2(50) of such a water downstream of that discharge.

- ☐ By checking this box I certify that this facility meets all eligibility requirements of this general permit.

APPLICATION TYPE

NEW ☐

RENEW ☐

MODIFICATION ☐

PERMIT NUMBER, IF APPLICABLE

OTHER PERMIT NUMBER(S)
APPLICABLE TO SITE

DESCRIPTION OF PROPOSED
MODIFICATION, IF APPLICABLE

PART A: GENERAL INFORMATION FOR FACILITY

1. FACILITY NAME (See Appendix A.)

2. FACILITY MAILING ADDRESS (See Appendix A.)

STREET ADDRESS (number and street)

CITY

STATE

ZIP CODE

3. FACILITY PHYSICAL LOCATION (See Appendix A.)

STREET ADDRESS (number and street)

CITY

STATE

ZIP CODE

4. PARENT COMPANY/OWNER'S COMPLETE MAILING ADDRESS (See Appendix A.)			5. FACILITY SIC CODE (See Appendix A.)		6. FACILITY COUNTY		
COMPANY NAME							
STREET ADDRESS (number and street)			7. LATITUDE AND LONGITUDE OF CENTER OF FACILITY SITE (See Appendix A.)				
			Latitude			Longitude	
			degree	minute	second	degree	minute
CITY	STATE	ZIP CODE					
8. What is the nature of the primary business conducted at the facility or site? (Example: petroleum bulk storage terminal)							
9. Provide a brief description of the facility operations that result in the discharge. (Example: Stormwater runoff from diked areas containing crude oil storage tanks, plus occasional hydrostatic testing of new tanks.)							

PART B: CONTACT INFORMATION FOR RESPONSIBLE OFFICIAL (AUTHORIZED NOI SIGNATORY)

Provide information regarding the responsible official who has the authorization to sign this NOI in accordance with 40 CFR 122.22. If the responsible official wishes to delegate signatory authority for reports and other correspondence related to this NOI, that delegation must be made in writing to IDEM. This delegation of authority may occur either via this NOI or via a letter (signed and dated by the responsible official) which shall be submitted to the address on Page 1 of this NOI form. (See Appendix A.)

10. NAME OF RESPONSIBLE OFFICIAL		11. DELEGATED SIGNATORY PERSON (OR POSITION) TO SIGN REPORTS AND FILE ADDITIONAL NOI CONTENT REQUIREMENTS	
RESPONSIBLE OFFICIAL'S TITLE		DELEGATED SIGNATORY PERSON'S TITLE or POSITION	
RESPONSIBLE OFFICIAL'S TELEPHONE NUMBER		DELEGATED SIGNATORY PERSON'S TELEPHONE NUMBER	
RESPONSIBLE OFFICIAL'S FACSIMILE NUMBER		DELEGATED SIGNATORY FACSIMILE NUMBER	
RESPONSIBLE OFFICIAL'S PERSON'S EMAIL ADDRESS		DELEGATED SIGNATORY PERSON'S EMAIL ADDRESS	

PART C: OTHER CONTACT INFORMATION

12. DISCHARGE MONITORING REPORTS CONTACT AND MAILING INFORMATION		CONTACT PERSON AND COMPANY NAME		
CONTACT TELEPHONE NUMBER		STREET ADDRESS (number and street)		
CONTACT EMAIL ADDRESS		CITY	STATE	ZIP CODE
13. ANNUAL FEE AND FINANCIAL CONTACT AND BILLING ADDRESS		CONTACT PERSON AND COMPANY NAME		
CONTACT TELEPHONE NUMBER		STREET ADDRESS (number and street)		
CONTACT EMAIL ADDRESS		CITY	STATE	ZIP CODE
14. OPERATOR / OTHER CONTACT AND MAILING INFORMATION (as necessary)		CONTACT PERSON AND COMPANY NAME		
CONTACT TELEPHONE NUMBER		STREET ADDRESS (number and street)		
CONTACT EMAIL ADDRESS		CITY	STATE	ZIP CODE

PART D: SOURCE WATER INFORMATION

Please provide information regarding the volume of water in millions of gallons per day (MGD) which you propose to withdraw on a daily basis from each of the following sources for use for the hydrostatic testing of tanks to be covered by this general permit

WELL WATER	SURFACE WATER	PUBLIC WATER SUPPLY	UNITS
			MGD

PART E: OUTFALL INFORMATION:

Provide the following information for all outfalls/discharges to be covered by this general permit. You may attach additional sheets if necessary.

15. OUTFALL NUMBER	16. LATITUDE			LONGITUDE			17. RECEIVING WATER (See Appendix A.)	18. FOR ANY DISCHARGE INTO A STORM SEWER IDENTIFY THE STORM SEWER OWNER. (See Appendix A.)	19. ANTICIPATED DAILY VOLUME OF DISCHARGE in MGD AND METHOD OF DETERMINATION OF VOLUME
	deg	min	sec.	deg.	min.	sec.			

PART F: POTENTIALLY ALLOWABLE NON-STORM WATER CONTRIBUTIONS:

Stormwater impacted by the following non-storm water sources is permitted to be discharged through the outfalls listed in Part E above: "firefighting activities; fire hydrant flushings; potable water sources, including waterline flushings; uncontaminated ground water or spring water; uncontaminated air conditioning or compressor condensate; vehicle washwaters uncontaminated with detergents or solvents; and foundation or footing drains where flows are not contaminated with process materials such as solvents".

Please check the appropriate boxes below to indicate which of these sources are expected to discharge through each outfall at this site.

15. OUTFALL NUMBER	Firefighting Activities	Hydrant flushings	Potable sources/ waterline flushings	Uncontaminated ground/spring water	Uncontaminated air conditioning or compressor condensate	Uncontaminated vehicle washwaters	Uncontaminated discharges from foundation/ footing drains

PART G: EFFLUENT CHARACTERISTICS

Please copy this table as needed to provide the following information for each outfall/discharge to be covered by this general permit.

- A. Existing Sources – Provide measurements for the parameters listed in the left hand column. You must use, or require your contract laboratory to use, an analytical method with a detection level low enough to provide a detectable value for the pollutant of concern. Please provide the method used and detection limit achieved by the laboratory. (See Appendix A.)
- B. New Dischargers- Provide estimates for the parameters listed in the left-hand column below. Instead of the number of measurements taken, provide the source of estimated value. (See Appendix A.)

	(1) 20. Maximum Daily Value (include units)		(2) 21. Average Daily Value (last year) (include units)		22. (3) or (4) Number of Measurements Taken (last year) Source of Estimate (if new discharger)		Analytical Method (List method used and detection limit achieved in lab.)	
	Mass	Concentration	Mass	Concentration			Method	Detection Limit
Biochemical Oxygen Demand (BOD)								
Total Suspended Solids (TSS)								
Total Residual Chlorine (if chlorine or chlorinated water is used)								
Oil and Grease								
Ammonia (as N)								
Discharge Flow	VALUE in MGD		VALUE IN MGD					
pH (S.U.)	MINIMUM		MAXIMUM					
Lead								
Cyanide, free								
Cyanide, total								
Benzene								
Ethylbenzene								
Toluene								
Xylene								
Naphthalene								

PART H: WATER TREATMENT ADDITIVES:

Please fill out the following additional information about the discharge from each outfall. Note that the only additives that may be used under this permit are those that have been previously approved for use at this site by the Indiana Department of Environmental Management and that are already in use at the time of this submittal. You may attach additional sheets if necessary. (see Appendix A)

OUTFALL NUMBER	23. WATER TREATMENT ADDITIVES (WTAs) TO BE USED (ATTACH A COPY OF IDEM APPROVAL LETTER FOR EACH WTA TO BE USED.)

PART I: ADDITIONAL REQUIRED ATTACHMENTS**24. PROOF OF PUBLICATION**

The NOI letter must also contain proof of publication of the following statement in a newspaper of largest circulation in the area of the discharge:

(Supply facility name, address, address of the location of the discharging facility) "is submitting a Notice of Intent to notify the Indiana Department of Environmental Management of our intent to comply with the requirements under National Pollutant Discharge Elimination System (NPDES) general permit ING340000 to discharge non-process wastewater from a petroleum products terminal. Discharge will be to *(Supply the names of the streams or water bodies receiving the discharge(s))*"

"Any person wishing further information about this discharge may contact *(supply facility contact person's name and telephone or email information)*. The decision to issue coverage under this NPDES general permit for this discharge is appealable as per IC 13-15-6. Any person who wants to be informed of IDEM's decision regarding granting or denying coverage to this facility under this NPDES permit, and who wants to be informed of procedures to appeal the decision, may contact IDEM's offices at OWQWWPER@Idem.IN.gov to be placed on a mailing list to receive notification of IDEM's decision."

This publication must be in the newspaper for a minimum of one day. Be advised that notices without the proper information will not be sufficient, and IDEM will require that a new public notice be placed in the newspaper. If the proof of publication is not available a legible photocopy of the article that contains the name of the newspaper and the date the article was run is also acceptable. Please attach proof of publication of this statement from the newspaper to the NOI.

25. REQUIRED MAPS

1. A topographical map must be submitted with this NOI. The map must include the following items:
 - (A) the location of the operation shown clearly and identified by name and by mark;
 - (B) the location of each numbered outfall shown clearly and identified by number and by mark;
 - (C) the receiving streams that each outfall discharges to shown clearly and identified by name;
 - (D) any existing permanent structures or roads in the area shown clearly and identified by name; and
 - (E) the location of any surface water intake structures
2. A site map must be submitted. The site map must show and identify the significant structures, including all piping, diked areas, all outfall and sampling locations, any surface water intake structures, and any flow paths from piping to outfall on the property.
3. A flow schematic diagram for each outfall that is to be permitted must be submitted with this NOI. This diagram should show the path that the wastewater water travels through the facility to the point where it is discharged. If multiple outfalls will follow essentially the same path, these outfalls may be included on one diagram.

PART J: IDENTIFICATION OF POTENTIALLY AFFECTED PERSONS

26. Pursuant to IC 4-21.5 and IC 13-15-3-1 each applicant for general permit coverage is required to provide a listing of all persons who are potentially affected by the discharge(s) to be covered under the general permit. **PLEASE NOTE THAT MAILING LABELS ARE ALSO REQUIRED WITH THIS SUBMITTAL.** (See instructions in Appendix A.)

Please list here any and all persons whom you have reason to believe have a substantial or proprietary interest in this matter, or could otherwise be considered to be potentially affected under the law. Failure to notify any person who is later determined to be potentially affected could result in voiding our decision on procedural grounds. To ensure conformance with AOPA and to avoid reversal of a decision, please list all such parties. Attach additional names and addresses on a separate sheet of paper, as needed.

Name	Name
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
Name	Name
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
Name	Name
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
Name	Name
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
Name	Name
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
Name	Name
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
Name	Name
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
Name	Name
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
Name	Name
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
Name	Name
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:
Name	Name
Street address (number and street):	Street address (number and street):
City/State/ZIP code:	City/State/ZIP code:

PART K: APPLICATION FEE

- 27.** A \$50 fee is required to be submitted with this NOI in accordance with IC 13-18-20-12. The \$50 fee is applicable for each new permit, renewal, and modification. (Updates to information in Parts B and C shall not be subject to the \$50 fee for modifications.) Checks or money orders shall be made payable to IDEM.

PART L: SIGNATORY CERTIFICATION STATEMENT

- 28.** The NOI must be signed by the Responsible Official (as identified in Part B, item 10. Also see Appendix A):

"I certify under penalty of law that this document and all its attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Printed or Typed Name of Responsible Official _____	Title _____
Signature _____	Date signed (month, day, year) _____

- PART M: 29.** Please use the address at the top of page 1 of the NOI form to submit completed NOI form, attachments, and fee.

APPENDIX A: SUPPLEMENTAL INSTRUCTIONS

APPLICATION TYPE: For the purposes of this form a modification would consist of removing an existing outfall, adding an outfall in a new location, updating the quantity of discharge anticipated, or updating your wastewater characterization if it is determined that an actual value differs significantly from what you stated on a previous submittal. Please note that outfall locations are considered for the purposes of this permit to be discrete points. If you relocate an outfall you must apply for a modification to remove the outfall at the previous location, and add a new outfall with a new outfall number, to the permit.

Changes in contact information must be reported, but you may do so with a letter signed by the signatory (Part B Item 10) or delegated signatory authority (Part B Item 11). An NOI modification submittal is not required.

ELIGIBILITY REQUIREMENTS: Prior written approval from IDEM is required for any substance that is to be added to the water that is to be discharged. A copy of this approval must be submitted with your NOI form. To obtain this approval, see State Form 50000 (found on the forms page of the Office of Water Quality section of IDEM's website).

Part A, item 1: Enter the name of the specific site location that is to be permitted. This will be a unique name to identify this single site in correspondence.

Part A, Items 2 and 3: If the physical location is the same as the mailing address of the site to be permitted then both of these sections will be the same. In this case you may fill in the first and fill in "same" in the second. However if the mailing address is not sufficient to allow a person who wishes to visit the site to find it then section 3 should be a description of where the site itself is located. You may attach additional sheets if the boxes provided do not offer sufficient space to provide a proper location description.

Part A, Item 4: Enter the name and mailing address of the company that owns the site. This may be the name of the site itself but does not have to be. For example if "ABC Stone company" owns quarries at several locations, one of which this permit is being applied for, then "ABC Stone Company" and location of ABC Stone Company's signatory (see Part B, item, 10, below) would be listed here.

Part A, Item 5: Enter the four digit Standard Industrial Classification (SIC) code which identifies the facility's primary activity. SIC codes can be obtained from the Standard Industrial Classification Manual, 1987, by accessing the Occupational Safety and Health Administration (OSHA) website or by contacting the Indiana Department of Workforce Development.

Part A, Item 7: The latitude and longitude of the approximate center of the facility site must be in the degrees/minutes/seconds format. Longitude and latitude can be obtained from United States Geological Survey (USGS) quadrangle or topographic map, by calling (888) 275-8747, or by accessing a locational (geocoding) website and conducting a search based on the facility street address. You may also access this information with the use of a handheld GPS unit at the site.

Longitude and Latitude in decimal degrees may be converted to degrees/minutes/seconds for proper entry on the NOI by following this example:

Convert decimal latitude 45.1234567 to degrees/minutes/ seconds

1. The numbers to the left of the decimal point are degrees: 45.
2. To obtain minutes multiply the first four number to the right of the decimal point by 0.006: $1234 \times 0.006 = 7.404$
3. The numbers to the left of the decimal point in the result obtained in (2) are the minutes: 7
4. To obtain seconds multiply the remaining three numbers to the right of the decimal from the result obtained in (2) by 0.06: $404 \times 0.06 = 24.24$.
5. Since the numbers to the right of the decimal are not used the result is 24 seconds.
6. The conversion for 45.1234567 is 45° (degrees), 7' (minutes), and 24" (seconds).

Part B, item 10: The Responsible Official must meet one of the following requirements:

- a) For a corporation, the responsible official must be a responsible corporate officer, which means either of the following:
 - (1) A president, secretary, treasurer, any vice president of the corporation in charge of a principal business function, or any other person who performs similar policymaking or decision making functions for the corporation.
 - (2) The manager of one (1) or more manufacturing, production, or operating facilities, provided, the manager is authorized to make management decisions which govern the operation of the regulated facility including having the explicit or implicit duty of making major capital investment recommendations, and initiating and directing other comprehensive measures to assure long term environmental compliance with environmental laws and regulations; the manager can ensure that the necessary systems are established or actions taken to gather complete and accurate information for permit application requirements; and where authority to sign documents has been assigned or delegated to the manager in accordance with corporate procedures.
- b) For a partnership or sole proprietorship, the responsible official must be a general partner or the proprietor, respectively.
- c) For a municipality, state, federal, or other public agency or political subdivision thereof, the responsible official must be either a principal executive officer or ranking elected official. For purposes of this section, a principal executive officer of a Federal agency is:
 - (1) The chief executive officer of the agency, or
 - (2) A senior executive officer having responsibility for the overall operations of a principal geographic unit of the agency (e.g., Regional Administrator of U.S. EPA).

Part E, Item 15: Enter a three number designation for each point where you will discharge, for example, 001, 002, 003, etc.

Part E, Item 16: See the instructions for Part A, Item 7, above.

Part E, Item 17: Enter the name of the waters of the state into which the discharges from each outfall will occur, as either the body of water itself, if the discharge is direct, or taking into account tributaries, if applicable. EXAMPLE: "Stone Creek", or "Connor Ditch to Stone Creek"; or "unnamed tributary to Connor Ditch".

Part E, Item 18: If the discharge first enters a storm sewer prior, which then carries it to waters of the state, then please provide the name of the owner of the storm sewer. EXAMPLE: "City of Muncie Department of Public Works" or "LaPorte Municipal Storm Sewer System to Connor Ditch".

Part G, items 20 and 21: All pollutant levels must be reported as concentration and as total mass (except for discharge flow, pH, and temperature). Total mass is the total weight of pollutants discharged over a day. Use the following abbreviations for units:

Concentration	Mass
ppm.....parts per million	lbs.....pounds
mg/l.....milligrams per liter	ton.....tons (English tons)
ppb.....parts per billion	mg.....milligrams
ug/l.....micrograms per liter	g.....grams
kg.....kilograms	T.....tonnes (metric tons)
ng/l.....nanograms per liter	

A. Existing Sources

You are required to provide at least one analysis for each pollutant or parameter listed that is known or believed to be present by filling in the requested information under the applicable column. Data reported must be representative of the facility's current operation (average daily value over the previous 365 days should be reported). Parameters not present should be marked N/A.

The analysis of the listed pollutants or parameters must be done in accordance with procedures promulgated in 40 CFR Part 136. Grab samples must be used for pH, residual chlorine, and oil and grease. For all other pollutants a 24-hour composite samples must be used. Any further questions on sampling or analysis should be directed to (317) 232-8704 or OWQWWPER@idem.IN.gov.

The Commissioner may request that you do additional testing, if appropriate, on a case by case basis under Section 308 of the Clean Water Act (CWA). If you expect a pollutant to be present solely as a result of its presence in your intake water, provide this information on a separate piece of paper attached to the NOI form.

B. New Dischargers

You are required to provide an estimated maximum daily and average daily value for each pollutant or parameter (exceptions noted on the form). Sampling and analysis are not required at this time. If, however, data from such analyses are available, then such data should be reported. The source of the estimates should be provided in the second column of item 22, for example, estimates based on available in-house or contractor's engineering reports or any other studies performed on the proposed facility. In providing the estimates, use the codes in the following table to indicate the source of such information.

Engineering study Code

Actual data pilot plants	1
Estimates from other engineering studies	2
Data from other similar plants	3
Best professional estimates	4
Others	specify on the form

Part H, Item 23: Water Treatment Additives may only be used at outfalls to be covered by this general permit if the applicant has received prior approval from IDEM, as denoted in the Eligibility Requirements on Page 1 of the NOI form. For more information, please contact us at (317) 232-8704 or OWQWWPER@idem.IN.gov.

Part J, Item 26: Identification of Potentially Affected Persons

The Administrative Orders and Procedures Act (AOPA) IC 4-21.5-3-5(b), requires that the Indiana Department of Environmental Management (IDEM) give notice of its decision on your Notice of Intent to the following persons:

- 1) Each person to whom the decision is specifically directed;
- 2) Each person to whom a law requires notice to be given;
- 3) Each competitor who has applied to the IDEM for a mutually exclusive license, if issuance is the subject of the decision and the competitor's application has not been denied in an order for which all rights to judicial review have been waived or exhausted;
- 4) Each person who has provided the IDEM with a written request for notification of the decision;
- 5) Each person who has a substantial and direct proprietary interest in the issuance of the (permit/variance);
- 6) Each person whose absence as a party in the proceeding concerning the (permit) decision would deny another party complete relief in the proceeding or who claims an interest related to the issuance of the (permit) and is so situated that the disposition of the matter, in the person's absence may:
 - a) As a practical matter impair or impede the person's ability to protect that interest, or
 - b) Leave any other person who is a party to a proceeding concerning the permit subject to a substantial risk of incurring multiple or otherwise an inconsistent obligation by reason of the person's claimed interest.

IC 4-21.5-3-5(f) provides that we may request your assistance in identifying these people.

Additionally, IC 13-15-3-1 requires IDEM to send notice that the permit application has been received by the department to the following:

- a) The board of county commissioners of a county affected by the permit application and
- b) The mayor of a city that is affected by the permit application, or
- c) The president of a town council of a town affected by the permit application.

Please provide on the following form the names of those persons affected by these statutes, **and include mailing labels with your NOI**. These mailing labels should have the names and addresses of the affected parties **along with our mailing code (65-42PS) listed above each** affected party listing.

Example: 65-42PS
 John Doe
 111 Circle Drive
 City, State, Zip Code

Part L, Item 28: 40 CFR 122.22 and 327 IAC 5-2-22 require that an application for an NPDES permit or an NOI for a general permit must be signed by a person who meets the definition of Responsible Official. This definition is explained in the instructions for Part B, Item 10 above.